

**FAMILY AND MEDICAL LEAVE POLICY
CITY OF ANKENY**

STATEMENT OF POLICY

In accordance with the Family and Medical Leave Act of August 5, 1993, as revised effective March 2013, the City of Ankeny will grant job protected family and medical leave (paid, unpaid, or a combination of paid and unpaid leave depending on the circumstances of the leave as specified in this policy) to eligible male or female employees for up to 12 workweeks (480 hours for full-time 40 hour week employees) per 12-month period for any one or more of the following reasons:

- 1) The birth of the employee's child and in order to care for the child.
- 2) The placement of a child with the employee for adoption or foster care and to care for the newly placed child.
- 3) To care for a spouse, child or parent with a serious health condition (described below).
- 4) The employee's own serious health condition that makes the employee unable to perform the functions of his/her position.
- 5) Qualifying exigency leave for families of members of the Armed Forces when the covered military member is on active duty or called to active duty in support of a contingency operation to a foreign country or international waters. This includes the employee's spouse, son, daughter, or parent.
- 6) Military caregiver leave (also known as covered servicemember leave) to care for an ill or injured servicemember. This leave may be extended to up to 26 workweeks for an employee to care for a spouse, son, daughter, parent or next of kin (defined as the closest blood relative of the injured or recovering servicemember).

DEFINITIONS

- A. "12-Month Period" - means a rolling 12-month period measured backward from the date leave is taken and continuous with each additional leave day taken.
- B. "Spouse" - does not include unmarried domestic partners.
- C. "Child" - means a child either under 18 years of age, or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's "child" is one for whom the employee has actual day-to day responsibility for care and includes a biological, adopted, foster or step-child. Son or daughter for purposes of FMLA military leave does not have to be a minor.
- D. "Serious Health Condition" - means an illness, injury impairment, or a physical or mental condition that involves one of the following:

1. Inpatient care in a hospital, hospice, or residential medical facility, including any period of incapacity or subsequent treatment in connection with such inpatient care; or
2. A condition that requires continuing care by a licensed health care provider.
3. A period of incapacity of more than three consecutive calendar days that involves treatment two or more times by a health care provider or treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment.
4. Any period of incapacity due to pregnancy, or for prenatal care.
5. A chronic condition which: requires periodic visits for treatment; continues over an extended period of time; and may cause episodic rather than a continuing period of incapacity. (e.g. asthma, diabetes, epilepsy, etc.)
6. A period of incapacity which is permanent or long term due to a condition for which treatment may not be effective. The employee or family member must be under continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
7. Any period of absence to receive multiple treatments by a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

COVERAGE AND ELIGIBILITY

- A. To be eligible for family/medical leave an employee must:
 1. Have worked for the City of Ankeny for a least 12 months; and
 2. Have worked at least 1250 hours over the previous 12 month period.

INTERMITTENT OR REDUCED LEAVE

- A. An employee may take leave intermittently (a few days or a few hours at a time) or on a reduced leave schedule to care for an immediate family member with a serious health condition or because of a serious health condition of the employee when "medically necessary."

1. "Medically necessary" means there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced leave schedule.
 2. The employee may be required to transfer temporarily to a position with equivalent pay and benefits that better accommodates recurring periods of leave when the leave is planned based on scheduled medical treatment.
- B. An employee may take leave intermittently or on a reduced leave schedule for birth or placement for adoption or foster care of a child only with the City Manager's consent. Leave must be taken within one year of the birth or placement of the child.
- C. For part-time employees and those who work variable hours, the family and medical leave entitlement is calculated on a pro rata basis. A weekly average of the hours worked over the 12 weeks prior to the beginning of the leave should be used for calculating the employee's normal workweek.

SUBSTITUTION OF PAID LEAVE TIME

- A. An employee will be required to substitute accrued paid leave time for any part of a family/medical leave taken for any reason. FMLA will run concurrently with paid time usage where applicable. The leave may be paid, unpaid, or a combination of paid and unpaid depending on the circumstances as specified:
1. Birth of child- An employee taking leave for the birth of a child must use paid sick leave if available for physical recovery following childbirth (typically six weeks). Sick leave pay for this reason is restricted to the employee who is giving birth. A doctor's note will be required for the period of physical recovery. The employee must then use all other paid leave, and then will be eligible for unpaid leave for the remainder of the 12 weeks.
 2. Care for newborn child after birth, adoption, or foster care- An employee taking leave to care for a child after birth, adoption, or foster care may use up to 40 hours of sick leave if available (in accordance with the Employee Handbook 5.4) and then all other paid leave prior to being eligible for unpaid leave.
 3. Serious health condition - An employee who is taking leave because of the employee's own serious health condition or the serious health condition of a spouse, child, or parent must first use sick leave (in accordance with the Employee Handbook 5.4) then all other paid leave prior to being eligible for unpaid leave.
 4. Other authorized leave- If the employee has accrued paid leave the employee must use paid leave first and take the remainder of the twelve weeks as unpaid leave.

- B. When an employee has used accrued paid leave time for a portion of family/medical leave, the employee may request an additional period of unpaid leave to be granted so that the total of paid and unpaid leave provided equals 12 weeks.

NOTICE REQUIREMENT

- A. An employee is required to give 30 days notice in the event of a foreseeable leave. A "Request for Family/Medical Leave" form (see attached) should be completed by the employee and returned to the Human Resources Officer. In unexpected or unforeseeable situations, an employee should provide as much notice as is practicable, usually verbal notice within one or two working days of when the need for leave becomes known, followed by a completed "Request for Family/Medical Leave" form.
- B. If an employee fails to give 30 days notice for a foreseeable leave with no reasonable excuse for the delay, the leave will be denied until 30 days after the employee provides notice.
- C. In the absence of the employee requesting Family Medical Leave, the City has the right to designate any eligible employee's Family Medical Leave qualifying absence as part of an employee's twelve (12) week entitlement of Family Medical Leave.

MEDICAL CERTIFICATION

- A. For leaves taken because of the employee's or a covered family member's serious health condition, the employee may be required to submit a completed "Certification of Health Care Provider" form and return the certification to the Human Resources Officer. Medical certification must be provided by the employee within 15 days after requested, or as soon as is reasonably possible.
- B. The City of Ankeny has a right to request a second or third opinion (at employer's expense), periodic reports on the employee's status and intent to return to work, and a fitness-for-duty report to return to work. The City may directly contact the health care provider for verification or clarification purposes.
- C. The City of Ankeny will require certification of the qualifying exigency for military family leave and for the serious injury or illness of the covered servicemember. The employee must respond to the request within 15 days or provide a reasonable explanation for the delay.
- D. **All documentation related to the employee's or family members medical condition will be held in strict confidence and maintained in the employee's FMLA file.**

EFFECT ON BENEFITS

- A. An employee granted a leave under this policy will continue to be covered under the City's group health insurance plan, and life insurance plan under the same conditions as coverage would have been provided if they had been continuously employed during the leave period.
- B. COBRA continuation is initiated at the exhaustion of FMLA time.
- C. Employee contributions will be required either through payroll deduction or by direct payment to the City. The employee will be advised in writing at the beginning of the leave period as to the amount and method of payment. Employee contribution amounts are subject to any change in rates that occurs while the employee is on leave.
- D. If an employee's contribution is more than 30 days late, the City may terminate the employee's insurance coverage.
- E. If the City pays the employee contributions missed by the employee while on leave, the employee will be required to reimburse the City for delinquent payments (on a payroll deductions schedule) upon return from leave. The employee will be required to sign a written statement at the beginning of the leave period authorizing the payroll deduction for delinquent payments.
- F. If the employee fails to return from unpaid family/medical leave for reasons other than (1) the continuation of a serious health condition of the employee or a covered family member or (2) circumstances beyond the employee's control (certification required within 30 days of failure to return for either reason), the City may seek reimbursement from the employee for the portion of the premiums paid by the City on behalf of that employee (also known as the employer contribution) during the period of leave.
- G. An employee shall not hold outside employment while on any kind of medical leave without the approval of the City Manager or this may be grounds for disciplinary action.
- H. An employee is not entitled to seniority or benefit accrual during periods of unpaid leave but will not lose anything accrued prior to leave.

JOB PROTECTION

- A. If the employee returns to work within the 12 workweeks following a family/medical leave, he/she will be reinstated to his/her former position or an equivalent position with equivalent pay, benefits, status and authority.
- B. The employee's restoration rights are the same as they would have been had the employee not been on leave. Thus, if the employee's position would have

been eliminated or the employee would have been terminated but for the leave, the employee would not have the right to be reinstated upon return from leave.

- C. The failure of an employee to return to work upon the expiration of the 12 workweeks will subject the employee to immediate termination unless an extension is granted. An employee who requests an extension of family leave or medical leave due to the continuation, recurrence or onset of his/her own serious health condition, or of the serious health condition of the employee's spouse, child or parent, must submit a request for an extension in writing to the employee's immediate supervisor, to be approved by the City Manager. This written request should be made as soon as the employee realizes that he or she will not be able to return at the expiration of the leave period.

FAMILY/MEDICAL LEAVE FORMS TO BE SUBMITTED BY THE EMPLOYEE

1. Request for Family/Medical Leave
2. Certification of Health Care Provider – if requested
3. Fitness for Duty to Return From Leave – if requested



REQUEST FOR FAMILY/MEDICAL LEAVE

Name: _____ Department: _____

Position Title: _____ Hire Date: _____

Start Date of Anticipated Leave: _____ Expected duration of leave: _____

Expected Date of Return to Work: _____

I request a Family/Medical Leave for the following reason (check one):

- 1) The birth of the employee's child and in order to care for the child.
- 2) The placement of a child with the employee for adoption or foster care and to care for the newly placed child.
- 3) To care for a spouse, child or parent who has a serious health condition. Circle one: SPOUSE – CHILD – PARENT
- 4) Employee's own serious health condition that makes the employee unable to perform the functions of his/her position.
- 5) Qualifying exigency leave for families of members of the Armed Forces when the covered military member is on active duty or called to active duty in support of a contingency operation to a foreign country or international waters. This includes the employee's spouse, son, daughter, or parent.
- 6) Military caregiver leave (also known as covered service member leave) to care for an ill or injured service member. This leave may be extended to up to 26 workweeks for an employee to care for a spouse, son, daughter, parent or next of kin (defined as the closest blood relative of the injured or recovering service member).

NOTE: An employee requesting leave for the 3), 4), 5), or 6) above may be required to submit a Certification of Health Care Provider form within 15 days of application for leave.

To qualify for FMLA leave you must have worked for the City of Ankeny for 12 months and have worked at least 1,250 hours during the 12-month period immediately before the date the leave is requested.

If the duration of my family/medical leave (total of paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the City of Ankeny.

Employee Signature: _____ Date: _____